

Case Number:	CM15-0052244		
Date Assigned:	03/25/2015	Date of Injury:	01/14/2014
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who reported a repetitive strain injury on 01/14/2014. The current diagnoses include cervical spine sprain with radiculopathy, thoracic spine sprain, lumbar spine sprain with radiculopathy, bilateral shoulder sprain, bilateral elbow/forearm sprain, bilateral elbow epicondylitis, bilateral cubital tunnel syndrome, bilateral wrist/hand sprain, rule out carpal tunnel syndrome, depression, and anxiety disorder. The injured worker presented on 10/18/2014 for a follow-up evaluation with complaints of low back pain with radiating symptoms into the right lower extremity, intermittent moderate neck pain with radiation into the right upper extremity, and an improvement in headaches. Upon examination of the lumbar spine, there was mild to moderate palpable tenderness, slightly improved range of motion, a positive Kemp's test, a positive straight leg raise test, a positive Ely's test, a positive Milgram's test, a positive Valsalva maneuver, and 4+/5 motor weakness. The examination of the cervical spine revealed moderate palpable tenderness, slightly improved range of motion, and 4+/5 motor weakness in the upper extremities. The examination of the thoracic spine also revealed mild to moderate palpable tenderness with an improvement in hypertonicity of the paraspinal muscles. The examination of the right shoulder revealed tenderness to palpation, slightly improved range of motion, a positive Apley's test, and a positive apprehension test. There was moderate palpable tenderness at the right hand/wrist with decreased swelling and slightly improved range of motion. There was diminished grip strength and positive Tinel's and Phalen's signs. The injured worker also appeared depressed and fatigued. Treatment recommendations at that time included additional acupuncture twice per week for 2 weeks as well as MRIs of the cervical and lumbar

spine, bilateral shoulders, bilateral elbows, and bilateral wrists secondary to ongoing radiating pain and discomfort. A Request for Authorization form was then submitted on 10/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 acupuncture sessions would exceed guidelines' recommendations. In addition, there was no evidence of significant functional improvement following the initial sessions of acupuncture. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of any red flags for serious pathology upon examination. There was no mention of an exhaustion of conservative treatment for the cervical spine prior to the request for an imaging study. The records indicate that the range of motion, pain levels, and duration of pain have improved. Given the above, the medical necessity for the requested imaging study has not been established in this case. As such, the request is not medically appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging study. In this case, there was no documentation of any red flags for serious spinal pathology. The records indicate that the injured worker's range of motion, pain levels, and duration of pain had improved. There was no mention of an exhaustion of conservative management prior to the request for an imaging study. Given the above, the request is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no comprehensive physical examination provided involving the bilateral shoulders. It was noted that the injured worker's range of motion, pain levels, and duration of pain with regard to the right shoulder had improved. There was no documentation of an exhaustion of conservative management for the bilateral shoulders prior to the request for an imaging study. Given the above, the request is not medically necessary at this time.

MRI of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state criteria for ordering an imaging study include the emergence of a red flag and failure to progress in a rehabilitation program. The imaging study results should substantially change the treatment plan. In this case, there was no documentation of a comprehensive physical examination of the bilateral elbows. There is no evidence of a significant musculoskeletal or neurological deficit involving the bilateral elbows to support the necessity for an imaging study. There is also no evidence of a failure to progress in a rehabilitation program nor the emergence of a red flag. Given the above, the request is not medically necessary.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of a comprehensive physical examination of the bilateral wrists. There is no evidence of an exhaustion of conservative management prior to the request for an imaging study. The records indicated that the injured worker's range of motion, pain level, and duration of pain with regard to the right wrist/hand had improved. Given the above, the request is not medically necessary.